

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, Telephone No.)	FOR COURT USE ONLY
ATTORNEY FOR (Name): Bar No:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central <input type="checkbox"/> Harbor <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	
PLAINTIFF: DEFENDANT:	
NOTICE OF APPEAL - PARKING CITATION	CASE NUMBER:

Parking violation fee ☐ has been paid. ☐ has been waived by the Parking Administration.

Contestant/Appellant, _____, of the above entitled action, having exhausted the administrative review process, hereby appeals to the Superior Court of California, County of Orange from the final decision of the administrative review, which was mailed on _____, regarding parking citation number: _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

SIGNATURE OF CONTESTANT/ APPELLANT OR ATTORNEY

NOTE: A separate appeal must be filed for each Notice of Parking Citation or Notice of Delinquent Parking Violation. A copy of this document must be mailed to the processing agency. The original appeal with proof of service must be filed with the Court with the proper filing fee.

PROOF OF SERVICE BY MAIL

I deposited a copy of this Notice of Appeal in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows (name and address of processing agency):

Date of mailing: _____ Place of mailing (city and state): _____

I am a resident of or employed in the county where the Notice of Appeal was mailed. My residence or business address is:

Street Address: _____ City: _____ State: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

PRINT OR TYPE NAME

SIGNATURE OF DECLARANT

NOTICE OF APPEAL - PARKING CITATION